

**North Carolina Division of Medical Assistance
HIV Case Management Provider
Recertification Application Instructions**

Policy References in this document are in regard to Clinical Coverage Policy No: 12B HIV Case Management.

INSTRUCTION – RECERTIFICATION APPLICATION

GENERAL INSTRUCTIONS

- 1) A separate application must be filled out for each physical location seeking recertification.
- 2) A *Recertification Application* may be submitted as a physical copy by mail, or as a single electronic document via email. Regardless of submission type, the *Recertification Application* must meet the following criteria:
 - The front cover should be a title page containing the name and address of the agency/organization.
 - Include the completed, signed *Recertification Application Checklist*. The checklist will serve as the first page after the title page.
 - Include the completed, signed *Recertification Application* after the *Recertification Application Checklist*
 - Include the remaining documents after the *Recertification Application*.
 - a. Mailed bound submissions must:
 - i. Include the application and all required documents. Mail the application to:
**HIV Case Management
2501 Mail Service Center
Raleigh, NC 27699-2501**
 - b. Electronic submissions must:
 - i. The application must be submitted via email to *HIV_CaseMgt@dhhs.nc.gov*, subject line: *Completed HIV CM Recertification Application*.
 - ii. Submit the application and all attached documents as one single scanned document.
- 3) Use a separate sheet if extra space is needed.

SECTION 1: DEMOGRAPHIC INFORMATION

- 1) Under *Agency Name* in “*Provider Contact Information*” include the agency’s name, not a person’s name. Include the associated provider number in parentheses.
- 2) *Application Date* is the date the application is completed.
- 3) *Certification Site Address* should be the physical address for the location wishing to be certified.
- 4) A *Mailing Address* should be entered if different from *Certification Site Address*. Enter “Same” if the mailing address is the same as the *Certification Site Address*.
- 5) Under *Point of Contact (POC)*, provide the information of the person with whom DMA should communicate.
- 6) Under *Owner/Director Contact*, provide the information for the Owner or Director. If the information is the same as *Point of Contact*, write “Same as POC”.
- 7) Under *Preparer Information*, provide the information for the person preparing the application. If the information is the same as *Point of Contact*, write “Same as POC”, if same as *Owner / Director*, write “Same as Owner”.

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SECTION 2: GENERAL REQUIREMENTS

Complete each section in the space provided, additional sheet may be used if needed.

SECTION 3 ATTACHED DOCUMENTS

3:1 - Complete each section, a – k, by submitting only those policies that have changed since the last certification. If a document has not changed, list the relevant policy effective date in *Comments* of the *Recertification Application Checklist*.

3:2 - Complete each section, a – h, by submitting only the specified information that has changed since the last certification. If a document has not changed, enter N/A in *Comments* of the *Recertification Application Checklist*.

Ensure the application and all attached documents as a single scanned file if sending as an electronic file.

SECTION 4: COMPLIANCE

Carefully read this section. Name, signature and date is required for both the application preparer and the agency Owner/Director.